

Certificate of Fitness Alternative Issuance Procedure
G-71 SUPERVISION OF PIPED NON-FLAMMABLE MEDICAL GASES
Applicant Affirmation Form

(Used by Individual Applicants only, PRINT all information requested)
This form must be completed by the applicant for the application to be valid.

SECTION 1: EMPLOYER INFORMATION

Employer company name: _____
Employer company code: _____; ☐ N/A
Work address : _____ City _____ State _____ Zipcode _____
(The actual work location that this COF will be used for.)
Name of Designated Coordinator: _____; ☐ N/A
Email of Designated Coordinator: _____ @ _____; ☐ N/A
Contact phone # of Designated Coordinator: _____; ☐ N/A

SECTION 2: APPLICANT INFORMATION

First name: _____ Last name: _____ MI _____ Last 4 digits of SSN: XXX-XX-_____
Contact phone: _____ Email: _____ @ _____
Mailing address : _____ City _____ State _____ Zipcode _____
Experience in the related field: _____ years.

SECTION 3: DECLARATION

I, _____, hereby certify that I am trained and knowledgeable in the following applicable code/rule and the FDNY study material:

- Fire Code: Chapter 27, Chapter 30 Section 3006
- Fire Department Rule Chapter/Section: Chapter 27
- National Fire Protection Association Codes and Standards: NFPA 9 Chapter 5 and 9 (2005 Edition), NFPA 99 (1987 Edition), NFPA 55 (2001 Edition), and the CGA G-8.1 (2007 Edition)
- FDNY Study Material: G-71

I thoroughly know the fire protection systems and other fire safety equipment and procedures at my work location.

I understand that I will be subject to all applicable penalties provided by law for a false or fraudulent submission, including suspension, revocation and/or non-renewal of this and other Certificates of Fitness pursuant to FC113 and Fire Department rule 3 RCNY 113-01; and/or other penalties provided by law, rule or regulation with respect to my professional license.

I acknowledge that it is unlawful under New York State and New York City law to make a false statement to the Fire Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration, including but not limited to gifts, cash, favors, meals and trips.

I also understand that the Fire Department reserves the right to call up to test the applicants who are issued by AIP. Applicant who has failed the written exam will not be allowed to take advantage of this policy.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I certify that, subject to penalty of fine or imprisonment pursuant to the New York State Penal Law and NYC Administrative Code §15-220.1, that the information provided is true and accurate.

☐ I hereby authorize my employer to represent me before the NYC in connection with my C of F application(s).
(Check if your employer is submitting the application for you)

Signature of Applicant: _____ Date: _____

SECTION 4: EDUCATION, LICENSE, AND EXPERIENCE REQUIREMENT

(You must attach the copy of the license documentation along with your application)

- ☐ Meet **one** of the following qualifications:
- ☐ Doctor of Medicine (MD) or Dental Surgery (DDS) or Doctor of Veterinary Medicine (DVM)

☐ Certified Respiratory Therapy Technician (CRTT) issued by the National Board for Respiratory Care

☐ Registered Respiratory Therapist (RRT) issued by the National Board for Respiratory Care.

☐ Respiratory Therapy Technician (RTT) or Respiratory Therapist (RT) license issued by the NYS DOE

☐ High Pressure Steam Engineer license, Stationary Engineer license issued by the NYC DOB

☐ Certificate of Qualification for Refrigerating System Operating Engineer issued by the FDNY

☐ Professional Engineer (PE) or Registered Architect (RA) license issued by the NYS DOE

☐ C-14 Certificate of Fitness for Non-Production Chemical Laboratories issued by the FDNY

☐ G-46 Certificate of Fitness for Storage, Handling, Use, and Refilling of Non-Flammable Compressed Gases issued by the FDNY and the employer recommendation letter must be issued by a healthcare setting

☐ Bachelor's degree in Chemistry, Biology, Biochemistry, Environmental or Health Sciences, Medical Technology, Chemical or Environmental Engineering, or related field and **TWO** years of post-baccalaureate experience in the storage, handling, use and refilling of non-flammable compressed gases cylinders.

(Degree issued from outside USA or is not in English shall be evaluated by an independent evaluation service accepted by NYC Fire Department.):

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/foreign-education-evaluation.pdf>

SECTION 5: RECOMMENDATION LETTER

All applicants must present a letter of recommendation from the employer. The letter must be on official letterhead, and must state the applicant’s full name, experience and the address where the applicant will work. If the applicants are self-employed or the principal of the company, they must submit a notarized letter attesting to their qualifications. For more info:

- Sample of recommendation letter:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-samplerec-letter.pdf>
- Sample of self-employed letter:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/cof-sample-selfrec-letter.pdf>

SECTION 6: PHOTO REQUIREMENT

A recent photo (2x2 head shot) in JPG or JPEG format. File name should be named with applicant’s first and last name.

SECTION 7: APPLICATION FEE AND PROCEDURES

The application and fee for this certificate is \$ 25. The application and fee must be submitted online. Instructions for online application and payment can be found here:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals.pdf>

SECTION 8: CHECK LIST OF ALL SUPPORTING DOCUMENTS NEEDED

This check list should be used to review if you have prepared and scanned the following materials that are required to be uploaded to submit your application online:

- ☐ This completed and notarized affirmation form.
- ☐ All required documents listed in Section 4.
- ☐ A recommendation letter with company letterhead.
- ☐ A recent photo in JPG or JPEG format.



Use the following link (or use the QR code) to learn how to APPLY ONLINE:

<http://www1.nyc.gov/assets/fdny/downloads/pdf/business/fdny-business-cof-individuals-short.pdf>

SECTION 9: STATEMENTS & SIGNATURES

I understand that I am legally bound by what is stated in this application and will be responsible for any false statements or inaccurate information. I hereby solemnly swear under oath and subject to penalty of perjury that the information provided by me in this application is true and accurate to the best of my knowledge.

<div>Applicant’s print name</div> <div>Applicant’s signature</div> <div>Date</div>	<div>Notarization (required for individual applicant)</div> <div>State of New York, county of:</div> <div>Sworn to or affirmed under penalty of perjury</div> <div>_____ day of _____ 20_____</div> <div>Notary Signature</div> <div>_____</div>	<div>Notary Seal</div>
--	--	------------------------